

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12-7-00</u>		2 Serial/Patent # <u>09/527026</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing			\$ 1128.							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1128.00							
10 REASON:		8 TO BE REFUNDED BY:									
<input checked="" type="checkbox"/>	Overpayment	Treasury Check									
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:									
<input type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>2</td><td>--</td><td>4</td><td>8</td><td>0</td><td>0</td> </tr> </table>			0	2	--	4	8	0	0
0	2	--	4	8	0	0					
<u>Small Entity</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>P. Brink</u>		TITLE: <u>Legal Coun</u>									
SIGNATURE: <u>P. Brink</u>		PHONE: <u>308-9491</u>									
OFFICE: <u>T3-DIPE</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>12/1/00</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: